

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>10/27/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	11-600
FORMALITY REVIEW	<i>[Signature]</i>	7535	12-7-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

**BEST AVAILABLE COPY**